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MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		State File No. 148	
1. PLACE OF DEATH		County <u>Maricopa</u>		State <u>ARIZONA</u>		Registered No. <u>1295</u>	
Towship _____		City <u>Phoenix</u>		No. <u>1823 N. 10th St.</u>		Ward _____	
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.		(If death occurred in a hospital or institution, give its NAME instead of street and number)		How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.		How long in State when death occurred? <u>8</u> yrs. _____ mos. _____ ds.	
2. FULL NAME <u>Emmett H. Matney</u>		(a) Residence: No. <u>1823 N. 10th St.</u>		St. _____ Ward _____		(If non-resident give city or town and state)	
<div> <div>PERSONAL AND STATISTICAL PARTICULARS</div> <div> <div>3. SEX <u>Male</u></div> <div>4. COLOR OR RACE <u>White</u></div> <div>5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u></div> <div>5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Unknown</u></div> <div>6. DATE OF BIRTH (month, day, and year) <u>Feb. 8, 1861</u></div> <div>7. AGE Years <u>75</u> Months <u>7</u> Days <u>27</u> If LESS than 1 day, _____ hrs. or _____ min.</div> <div>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</div> <div>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</div> <div>10. Date deceased last worked at this occupation (month and year) _____</div> <div>11. Total time (years) spent in this occupation _____</div> <div>12. BIRTHPLACE (city or town) <u>Tenn.</u> (State or Country)</div> <div>13. NAME <u>Matney</u></div> <div>14. BIRTHPLACE (city or town) <u>Tenn.</u> (State or Country)</div> <div>15. MAIDEN NAME <u>Green</u></div> <div>16. BIRTHPLACE (city or town) <u>Tenn.</u> (State or Country)</div> <div>17. INFORMANT <u>H. H. Cowan (Son-in-law)</u> (Address) <u>2241 W. 10th St. Phx. Ariz.</u></div> <div>18. BURIAL, CREMATION, OR REMOVAL Place <u>Greenwood</u> Date <u>10-8-36</u></div> <div>19. EMBALMER License No. <u>225</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR <u>A. L. Moore &amp; Sons</u> Address <u>Phoenix, Arizona</u></div> <div>20. Filed <u>10/8</u>, 19<u>36</u> Registrar <u>[Signature]</u></div> </div> <div> <div>MEDICAL CERTIFICATE OF DEATH</div> <div>21. DATE OF DEATH (month, day, and year) <u>Oct. 5, 1936</u></div> <div>22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to <u>Swearing out</u>, 19____.</div> <div>I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at <u>8:00 P.M.</u></div> <div>The principal cause of death and related causes of importance were as follows:</div> <div> <u>Cardiac Stenosis -</u>  <u>Acute Heart Failure</u>  <u>Cardio Renal Syndrome</u> </div> <div>Other contributory causes of importance:</div> <div>Name of operation _____ Date of _____</div> <div>What test confirmed diagnosis? _____ Was there an autopsy? _____</div> <div>23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____</div> <div>Where did injury occur? _____ (Specify city or town, county and State)</div> <div>Specify whether injury occurred in industry, in home, or in public place.</div> <div>Manner of injury _____</div> <div>Nature of injury _____</div> <div>24. Was disease or injury in any way related to occupation of deceased? _____</div> <div>If so, specify _____</div> <div>(Signed) <u>[Signature]</u> M. D.</div> <div>(Address) <u>[Signature]</u></div> </div> </div>							